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ABSTRACT

The guidelines present information on Louisiana state standards regarding development and implementation of occupational therapy (OT) and physical therapy (PT) as related services in the education of handicapped children. An introductory section presents definitions and educational background information on OT and PT, and analyzes adapted physical education's relationship to OT/PT. A procedural section examines aspects of OT/PT evaluation (assessment areas and reports) and OT/PT services (including participation in Individualized Educational Programs, recordkeeping, and direct and indirect services). A final section addresses administrative issues such as possible organizational structure, qualifications, certification, budgeting, salaries, and caseloads. Seven appendixes contain sample forms and several short bibliographies. (CL)

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GUIDELINES

Occupational Therapy And Physical Therapy In The Schools

State of Louisiana

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State of Louisiana
Department of Education

Guidelines

Occupational and Physical Therapy in the Schools

Bulletin 1575
1980

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July 24, 1980

Henry L. Smith, Ed.D.
Assistant Superintendent
Division of Special Educational Services
Louisiana State Department of Education
Post Office Box 44064
Baton Rouge, Louisiana 70804

Dear Doctor Smith:

I am happy to submit to you the final copy of Guidelines for Occupational Therapy and Physical Therapy in the Schools. I feel that Mrs. Lisa Veron, LPT and Ms. Suzanne Poulton, OTR have done an excellent job and have assembled an informative document that will be beneficial to local educational agencies in the provision of occupational therapy and physical therapy in the schools.

I would like to thank the review committee for their assistance, time, and expertise in the planning and revision of the Guidelines. Additionally, I wish to thank Dr. Wayne Greenleaf of your staff and Mrs. Patsy Poche', Director of the Children's Center for coordinating the project.

It has been a pleasure to cooperate with the Division of Special Educational Services in this project, and we look forward to a continued mutually beneficial relationship. It is the intention of the LSU School of Allied Health Professions to continue to attempt to bring increased as well as improved services to the handicapped children of Louisiana.

Sincerely,

Stanley H. Abadie

Stanley H. Abadie, Ph.D., Dean

SHA:gw

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I

Introductory Section

Introduction

Recent legislation, specifically Public Law 94-142 and Louisiana Act 754, insure every handicapped student the right to a free appropriate public education, that is, special education and related services. The federal regulations define special education as "specially designed instruction, at no cost to the parent, to meet the unique needs of the handicapped child."

The definition of special education is a particularly important one since a child is not "handicapped" unless he needs special education. Similarly, in order to provide related services, they must be necessary for a child to benefit from special education. Therefore, if a child does not need special education, the child is not considered "handicapped" and there can be no "related services" under the act.

Related services are defined in the federal regulations as those which are necessary to assist the child to benefit from special education, and they include, among others, occupational and physical therapy. The regulations further state that these related services may include "appropriate administrative and supervisory activities necessary for program planning, management, and evaluation."

To assure that each child receives a free appropriate public education, the federal and state laws require that an individual education program (IEP) be developed for each handicapped student. The IEP functions as a management tool for an individual child as well as a communication vehicle among professionals, parents, and other agencies to insure that they know what the child's problems are, what will be provided, and the anticipated outcomes.

Physical and occupational therapists as members of a multidisciplinary team provide services to students at various levels, including indirect (tracking, consultation) and direct (group, individual) services. The collaboration of all people involved with the child is necessary to promote optimum results. Concurrence on goals and an understanding of each profession's methods allows teachers, parents, and therapists to reinforce each other's efforts. The participation of team members using a multidisciplinary approach in developing the IEP will provide the best method for a wide range of disciplines to meet the handicapped child's special educational needs.

The increasing demand for occupational and physical therapy services in providing specialized instruction to handicapped children within the multidisciplinary framework is a direct outcome of PL 94-142 and Louisiana Act 754. However, the inclusion of such services has caused great confusion in the educational setting. The role of related services, specifically OT and PT, is unclear, and the implementation of these services by local education agencies has been chaotic.

Recognizing the need for clarification on these issues, the Louisiana State Department of Education, Special Education Division, and the School of Allied Health Professions, Louisiana State University Medical Center, are collaborating on a joint project which has conducted an OT/PT needs assessment, is providing technical assistance to LEA's, and has developed these guidelines to aid in the incorporation of OT/PT services within the local education agencies in Louisiana.

This handbook is intended to be used as a practical guide in the development and implementation of OT and PT as related services to the special education of handicapped students.

Physical Therapy Definition

The regulation implementing Act 754 of the Louisiana Legislature of 1977 defines physical therapy as "those services prescribed by a physician and provided to a patient by or under the supervision of a qualified physical therapist." More specifically, physical therapy is a health profession which directs itself toward the prevention or minimizing of disability; relieving pain; developing, improving, or restoring motor function; controlling postural deviations; and, through the use of therapeutic exercises and rehabilitative procedures, maintaining maximal performance within a child's capabilities.

IN EDUCATION, the physical therapist utilizes his or her expertise to develop and maintain the physical potential of a handicapped child for maximal independence and participation in the classroom and in other educational activities. The practice of physical therapy in educational settings consists of the following:

1. Evaluating handicapped students by performing and interpreting tests and measurements of neuromuscular, musculoskeletal, cardiovascular, respiratory, and sensorimotor functions;
2. Planning and implementing treatment strategies for students based on evaluation findings;
3. Maintaining the motor functions of a child in order that he can function in his educational environment;
4. Administering and supervising therapeutic management of handicapped students and providing inservice education to parents and educational personnel.

Occupational Therapy Definition

The Regulation implementing Act 754 of the Louisiana Legislature of 1977 defines occupational therapy as:

"a. Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation.

b. Improving ability to perform tasks for independent functioning when functions are impaired or lost.

c. Preventing, through early intervention, initial or further impairment or loss of function. Specific occupational therapy services include, but are not limited to activities of daily living; the design, fabrication and application of splints; sensorimotor activities; the use of specifically designed crafts; guidance in the selection and use of adaptive equipment; exercises to enhance functional performance; prevocational evaluation and training; and consultation concerning the adaptation of the physical environment for the handicapped."

Occupational therapy is a health profession which utilizes purposeful, goal-directed activity for the purpose of evaluation, interpretation, treatment planning, and treatment of problems interfering with functional performance in persons impaired by physical illness, injury, emotional disorders, or developmental disabilities, in order to achieve optimum functioning, prevention of disability, and health maintenance.

In the EDUCATIONAL SETTING, the occupational therapist uses purposeful, goal-directed activities and adapted techniques and equipment to improve the child's ability to effectively participate in classroom, self-help, vocational, and playground activities.

Physical Therapy Educational Background

The physical therapist's body of knowledge is acquired through coursework and clinical education (including four-to-six months clinical internship) within a specialized institution of higher education, and is based on a broad background in the humanities, social sciences, and natural sciences. Specifically, the special knowledge and skills acquired in an entry-level physical therapy degree (B.S. or M.S.) fall into four general areas:

1. Basic natural sciences (including physics, chemistry, and mathematics);
2. Basic health sciences (including human anatomy, physiology, kinesiology, psychology, and pathology);
3. Clinical sciences (including physical therapy principles and practices, clinical medical conditions and surgical conditions);
4. Clinical arts (the administration of evaluative and therapeutic procedures to human subjects).

Occupational Therapy Educational Background

The educational background of an occupational therapist includes a bachelor's degree in occupational therapy and six to nine months of clinical internship. The coursework in an occupational therapy curriculum includes:

1. General courses in behavioral, biological, and physical sciences;
2. Health sciences of human physiology, neurology, and kinesiology;
3. Human development and psychiatry;
4. Medical, surgical, and orthopedic disorders;
5. Occupational therapy clinical evaluation, and treatment in developmental disabilities, physical disabilities, and psychosocial dysfunction.

Within the above course framework, the occupational therapist learns task analysis. This is the evaluation of activities or tasks in terms of their sensory, perceptual, motor, cognitive, social, and emotional components in order to select activities which promote development in these areas.

Adapted Physical Education's Relationship to OT/PT

A number of questions have arisen concerning the relationship of adapted physical education to physical and occupational therapy. The following discussion represents the position of the State Department of Education, Division of Special Educational Services.

As defined in PL 94-142 regulations, physical education is part of the definition of special education; therefore, it constitutes a direct special education service (not a related service). The adapted physical education teacher provides a modified physical education program which consists of physical and motor fitness, fundamental motor skills and patterns, body mechanics, individual and group games, perceptual-motor activities, aquatics, and sports skills to include intramurals and lifetime sports. Adapted physical education may have the same objectives as regular physical education, but it has been modified to meet the unique needs of the student.

Occupational therapy and physical therapy are "related services" necessary in assisting an exceptional child to benefit from special education. The physical therapist generally has expertise in posture (such as scoliosis and lordosis), gait training, cardiorespiratory problems, joint mobility, and improvement of individual muscle function. The occupational therapist has additional expertise in fine motor, perceptual-motor, and certain areas of activities of daily living (such as feeding, dressing, hygiene, and prevocational skills).

As reflected in the paragraphs above, the overlapping of roles in the areas of motor development, physical and motor fitness, and perceptual-motor development is readily apparent. In order to maximize the services of each profession, to prevent duplication of effort, and to provide appropriate special education (including adapted physical education) and related services, it is absolutely essential that the adapted physical education teacher, occupational therapist, and physical therapist communicate with one another prior to or during the development of the Individual Education Program (IEP).

Some of the concomitant benefits of such interaction would be the following:

1. The OT and/or PT may acquaint the adapted physical education teacher with diagnosed medical conditions causing physical limitations of an exceptional child;
2. The OT/PT may make suggestions or recommendations concerning program modifications proposed by the adapted physical education teacher;
3. The adapted physical education teacher may make recommendations to the OT and/or PT concerning activities that the OT and/or PT is proposing so as to more closely coordinate their work; and
4. The adapted physical education teacher or the OT or the PT may identify and initiate appropriate referrals of children who are in need of any of these services but are not currently receiving them.

Hopefully, the above discussion provides answers to a number of questions concerning the relationship between adapted physical education teachers and occupational therapists/physical therapists. It is not the intention of these recommendations to put forth the proposition that either profession "interferes" with the duties and responsibilities of their respective professions. The hallmark of this relationship should be open communication and constant interaction for the sole purpose of providing the most appropriate services to handicapped children and not the promotion of any single profession.

II

Procedural Section

OT/PT as Members of the Multidisciplinary Evaluation Team

When a child is suspected of being an exceptional child in need of special education and related services, the parents are notified and the child is considered for one of three post-identification alternatives:

1. entered into an initial screening process which is classroom-based;
2. proposed for enrollment in an educational assessment program within the child's current educational environment; or
3. proposed for a multidisciplinary evaluation.

When an individual evaluation is proposed for a child, parent approval is obtained, and the parish supervisor designates an evaluation coordinator who reviews all pertinent information regarding the child. The information may include the following:

1. written report of any initial screening process (see Appendix A);
2. written report from an educational assessment program (see Appendix A);
3. medical assessment;
4. previous multidisciplinary evaluations (including any OT/PT evaluation completed);
5. parent reports.

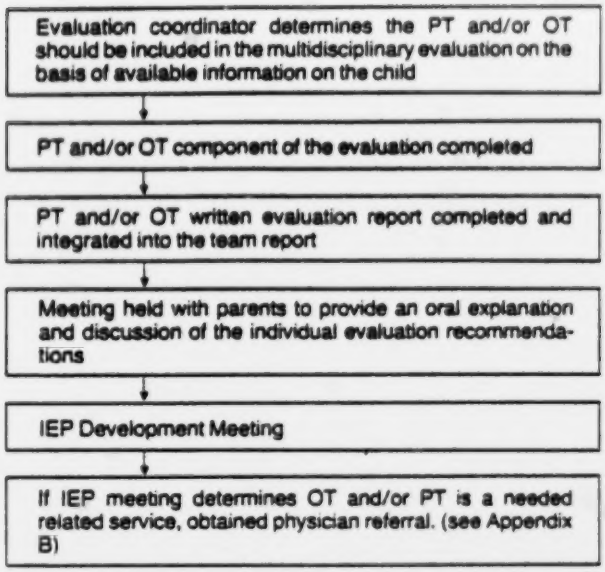
On the basis of the above information, the evaluation coordinator appoints a multidisciplinary evaluation team composed of persons drawn from different disciplines appropriate to a complete evaluation. The child's condition or impairment must be used as a basis for including those professionals and examiners who will give a complete picture of the child's needs. "Speech pathologists, social workers, school counselors, school nurses, physical therapists, adaptive physical education teachers, and occupational therapists must be included on the team whenever appropriate to a full and accurate assessment of the child." (Act 754 Regs. Subpt. 432 I)

Appendix A contains the "Multidisciplinary Team Composition Form" which is used to include OT/PT as specialists on the team. This appendix also contains the screening forms and educational assessment forms which provide some information suggesting the need for inclusion of OT/PT in the multidisciplinary evaluation.

Diagram 1 outlines the process of including OT/PT in the multidisciplinary team.

Diagram 1

Process of Including OT/PT in Multidisciplinary Team


Evaluation coordinator determines the PT and/or OT should be included in the multidisciplinary evaluation on the basis of available information on the child
PT and/or OT component of the evaluation completed
PT and/or OT written evaluation report completed and integrated into the team report
Meeting held with parents to provide an oral explanation and discussion of the individual evaluation recommendations
IEP Development Meeting
If IEP meeting determines OT and/or PT is a needed related service, obtained physician referral. (see Appendix B)

Indicators for Inclusion of OT/PT as Members of the Multidisciplinary Team

The following are some of the indications for inclusion of an occupational and/or physical therapist on the multidisciplinary evaluation team. By law, the individual evaluation of a child must include professionals such as assessment teachers, psychologists, speech pathologists, school nurses, adapted physical education teachers, occupational therapists, and physical therapists when necessary for a full and accurate assessment of a child.

The ultimate decision to include a physical therapist and/or occupational therapist rests with the evaluation coordinator, who reviews all screening and assessment information reflecting the severity of the child's problems and uses the individual expertise of the professionals comprising the multidisciplinary team to determine the inclusion of an occupational therapist and/or physical therapist as members of the multidisciplinary team.

1. Student whose motor difficulties interfere with his performance on standardized intelligence tests and educational evaluations.
2. Student whose suspected gross and/or fine motor deficits interfere with his ability to function in the educational environment.
3. Student who requires the use of a wheelchair, braces, crutches, prosthetics, or other specially adapted equipment to function in the educational setting.
4. Student whose severe perceptual motor or sensory-integrative deficits interfere with classroom performance.
5. Student whose degenerative medical condition requires maintenance of mobility and stamina necessary for participation in classroom activities.
6. Student who has marked difficulty in performing self-help tasks such as feeding, toileting, and dressing.
7. Student whose difficulty with endurance for regular school activities requires cardiovascular and respiratory monitoring.
8. Student whose visual impairment interferes with or causes delays in motor and self-help development.
9. Student whose medical condition causes abnormal skin sensitivity and/or breakdown.

OT/PT Evaluation as an Addition to a Completed Individual Multidisciplinary Evaluation

If a child whose individual evaluation has already been completed is suspected of needing OT/PT as a related service, or where information from the OT/PT evaluation is needed in the educational planning for a child, the special education supervisor may request that an OT/PT evaluation be added to the child's individual multidisciplinary evaluation. This does not require a complete new evaluation.

Parent permission is obtained by the special education supervisor or his designee. The OT/PT evaluation is then completed and the written report added to the record of the child's individual evaluation. A meeting is held with the parents to provide an oral explanation and discussion of the OT/PT evaluation. Following this, an IEP meeting is held to determine any changes that may be indicated as a result of this additional information. These two meetings may be held at the same time.

Diagram 2 outlines this process.

Purposes of OT/PT Evaluation

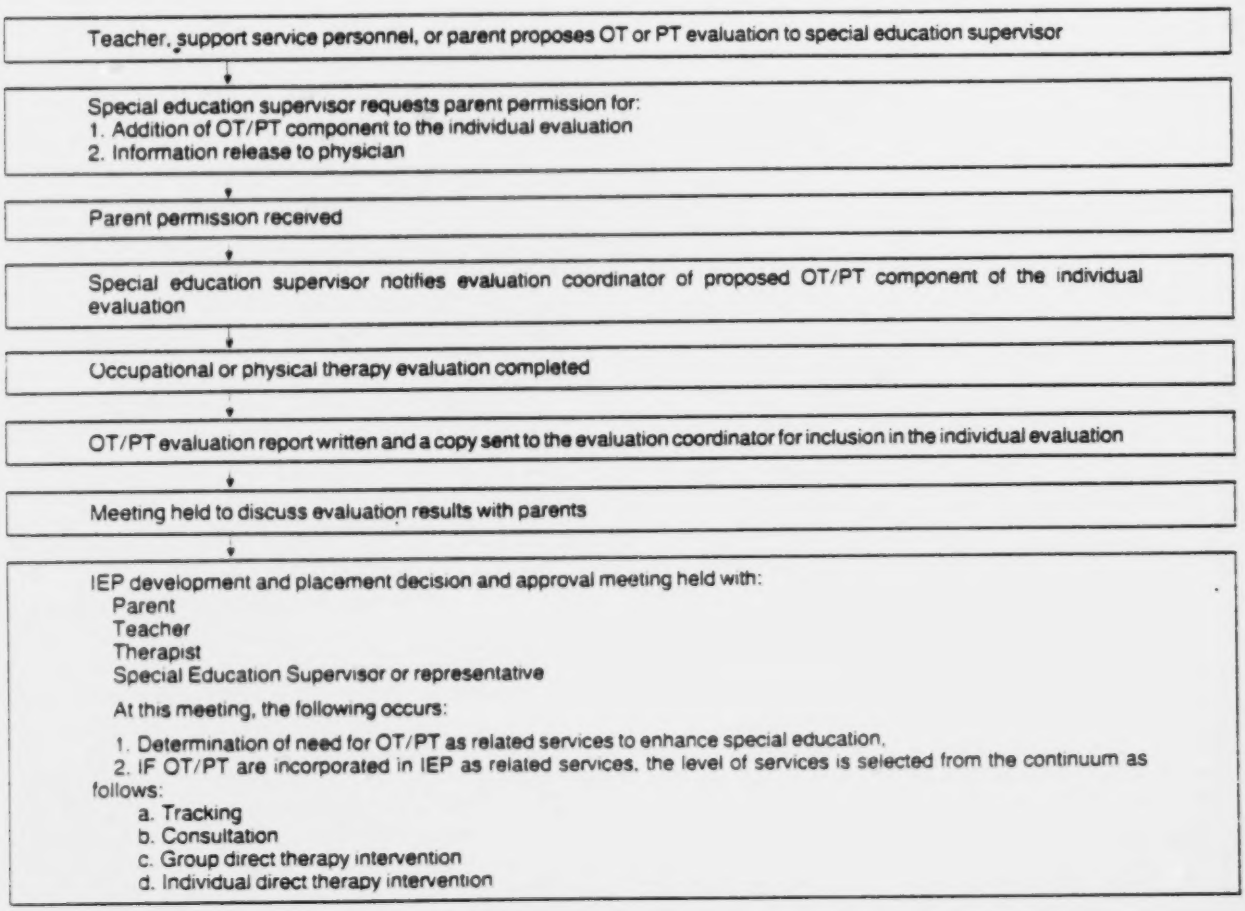
1. To determine abilities and impairment in the behavioral areas assessed;
2. To determine the extent of the effect of impairment on the educational performance of the child;
3. To determine functional performance in order to assess progress;
4. To determine strengths and weaknesses in the areas assessed in order to determine appropriate educational goals and intervention strategies;
5. To determine needs of a child for OT/PT service in order to benefit from special education.

OT/PT Evaluation Methods

A. OT/PT evaluation may include the use of any or all of the following methods:

1. Standardized tests;
2. Formal non-standardized evaluations (such as self-care

Diagram 2 **OT/PT Evaluation as an Addition to a Completed Individual Evaluation**


Teacher, support service personnel, or parent proposes OT or PT evaluation to special education supervisor
Special education supervisor requests parent permission for:
1. Addition of OT/PT component to the individual evaluation
2. Information release to physician
Parent permission received
Special education supervisor notifies evaluation coordinator of proposed OT/PT component of the individual evaluation
Occupational or physical therapy evaluation completed
OT/PT evaluation report written and a copy sent to the evaluation coordinator for inclusion in the individual evaluation
Meeting held to discuss evaluation results with parents
IEP development and placement decision and approval meeting held with:
Parent
Teacher
Therapist
Special Education Supervisor or representative
At this meeting, the following occurs:
1. Determination of need for OT/PT as related services to enhance special education.
2. IF OT/PT are incorporated in IEP as related services, the level of services is selected from the continuum as follows:
a. Tracking
b. Consultation
c. Group direct therapy intervention
d. Individual direct therapy intervention

and behavioral checklist);
3. Informal evaluation including observation in the classroom, lunchroom, and playground;
4. Review of pertinent medical, education, psychological, and speech records;
5. Interview of student, parent, and teacher.

B. Frequently used evaluative tools are listed in Appendix C.

C. The therapist selects the assessment procedures to be used with an individual child. The following are factors involved in the selection of assessment procedures:
1. Characteristics of the child
   a. chronological age
   b. intellectual function
   c. attention span
   d. handicapping condition
   e. medical indications and contraindications
2. Evaluation questions asked about the child (App. A)
3. Educational goals for the child
4. Therapist skills and repertoire of evaluative tools
5. Setting of the evaluation

D. All evaluation methods shall be appropriate to the chronological age and/or functional level of the student and shall identify baseline behaviors.

E. If standardized evaluative measurements are used, the test should have normative data for the age range of the student. If normative data are not available for the age range of the student, the results should be expressed in a descriptive report and standardized scales not used.

F. Tests and other evaluation material used in placing handicapped students will be prepared and administered in such a way as not to be racially or culturally discriminatory, and they will be presented in the child's native tongue.

G. As part of the evaluation process, the therapist may make clinical judgments based on observations and recorded progress during intervention programs.

Written Report of the OT/PT Component of the Multidisciplinary Evaluation

It is recommended that the written report on each child individually evaluated by the OT/PT include the following:
1. Identifying information;
2. Date(s) of evaluation;
3. Referring physician, if any;
4. Evaluation results
   a. Standardized and formal evaluative tools used and scores obtained,
   b. Informal evaluative methods used and results;
5. Interpretation of results in terms of strengths and deficits, particularly as they relate to the child's participation in the classroom and recreational activities;
6. Recommendations on the following:
   a. Need for OT/PT services,
   b. OT/PT service delivery level,
   c. Objectives of treatment.

Assessment Areas in Occupational Therapy Evaluations

A. Sensory-Motor
1. Developmental level
   a. Fine motor
   b. Gross motor
   c. Adaptive (combines fine motor skills, problem solving, cognitive, and visual perceptual abilities)
2. Motor function
   a. Coordination
   b. Muscle tone
   c. Strength, endurance
   d. Joint range of motion
   e. Gross and fine motor skills
   f. Oral motor functions
   g. Functional grasp, release, manipulation of objects
   h. Postural reflexes
   i. Balance
3. Perceptual-Motor and Sensory-Integrative (ability of central nervous system to receive, organize and respond to sensory information)
   a. Kinesthetic, tactile, vestibular sensation
   b. Visual-motor coordination
   c. Bilateral motor coordination and motor planning
   d. Defensiveness or protective response to sensory stimulation
   e. Hand dominance
   f. Visual perception, including spatial relations, figure-ground, form constancy, position in space
   g. Body image
   h. Activity level

B. Need for Individual and Environmental Adaptation
1. Need for individual adaptive equipment, i.e., writing devices, eating utensils, dressing aids
2. Presence of environmental constraints in the classroom
3. Need for adapting classroom equipment, i.e., desks, chairs
4. Need for environmental adaptations, i.e., faucets, handles, toilets, stairs, ramps, doors
5. Functional assessment of upper extremity prosthetics and orthotics

C. Self-Care
1. Feeding
2. Dressing
3. Hygiene/toileting/grooming
4. Wheelchair use and transfers

D. Pre-Vocational
   1. Physical tolerance
   2. Work habits
   3. Motivation
   4. Meal Planning
   5. Housekeeping
   6. Typing

E. Psycho-Social and Cognitive
   1. Interaction with peers and adults
   2. Attention span
   3. Problem-solving and following instructions
   4. Motivation
   5. Self-image
   6. Ability to cope with frustration and conflict

Assessment Areas in Physical Therapy Evaluations

A. Activities of Daily Living
   1. Wheelchair skills
   2. Ambulation with or without adaptive equipment
   3. Self-help skills
   4. Safe toileting procedures

B. Perceptual Motor Activities
   1. Body awareness
   2. Spatial orientation
   3. Motor planning
   4. Bilateral movement and laterality

C. Gross Motor
   1. Postural reflexes
   2. Level of motor development
   3. Voluntary and automatic control of movement
   4. Muscular tone (spasticity, athetoid, flaccid)
   5. Muscular strength and endurance
   6. Joint stability and safe passive and active range of motion
   7. Postural assessment
   8. Gait and locomotion
   9. General coordination
   10. Oral-motor function

D. Fine Motor
   Level of development which is used to carry out motor functions.

E. Environmental Adaptations
   1. Analysis of prosthetic, orthotic, and adaptive equipment required for students in educational setting
   2. Assessment of classroom and school architectural barriers
   3. Functional assessment of equipment for safe classroom participation, such as:
      a. Braces
      b. Walkers
      c. Prone Boards
      d. Crutches
      e. Specially-adapted tables and chairs
      f. Parapodium
      g. Prosthetics

F. Associated Physiological Conditions
   1. Sensory disturbances
   2. Skin disorders
   3. Respiratory functions
   4. Circulation problems
      a. cardiovascular
      b. peripheral vascular

OT/PT Participation in IEP

The IEP is a written individualized educational program that documents the approach which will be used to insure that each child is provided a free appropriate public education. The IEP sets forth in writing a commitment of resources in terms of what special education and related services will be provided to meet each handicapped child's needs. Decisions about a handicapped child's individual educational program are made jointly by parents and school personnel at the IEP meeting. The information used to reaching decisions about the IEP includes the child's current educational performance, information supplied by the parents, and the results of the individual multidisciplinary team evaluation.

The OT/PT component of the individual multidisciplinary team evaluation is part of this information base used in developing the IEP, including annual educational goals and short-term objectives. The OT/PT component of the evaluation should include the recommendation (if any) for OT/PT as a related service, as well as a recommended service level and objectives of treatment. The OT/PT may be requested to attend the IEP meeting. If the OT/PT is not in attendance at the IEP meeting, the evaluation and other written reports supplied by the therapist are used in the decision-making process.

The Louisiana State Department of Education IEP form provides on page 3 for naming each related service (if any) proposed for the student, date of initiation, and anticipated duration of service. The agency responsible for providing the related service, the role of the agency, and the responsibile person are also stated on IEP page 3.

One of the purposes of the IEP is to serve as a communication vehicle between all participating parties to insure that they know what the child's problems are, what will be provided, and what the anticipated outcomes may be. The role of the OT/PT in developing the IEP is one of communicating with teachers, parents, and other members of the multidisciplinary team in establishing annual educational goals and short-term objectives. In particular, the OT/PT and the teacher should collaborate in writing those short-term objectives for which the therapist is primarily responsible. It is hoped that the participation of OTs

and PTs in the development of the IEP will assist in concurrence on goals, reinforce each profession's and parent's efforts, and enable the child to benefit more fully from participation in school.

OT/PT Service Levels

Occupational and physical therapy are related services which can be provided with greater or lesser intensity, depending on the needs of the child. The following "service levels" represent a continuum of intensity. The provision of therapy at any of these levels may be considered OT/PT services.

Indirect

TRACKING – OT/PT has contact with the child and teacher or child and parent no more than once per month and no less than once per semester.

Example: OT checks to insure that adapted feeding equipment is being used properly in school lunchroom.

Example: PT checks to insure that postural braces for scoliosis are being used correctly to allow for optimum position within learning environment.

CONSULTATION – OT/PT has contact with child and teacher or child and parent about once per week or once per two weeks. The OT/PT trains teachers, aides, and/or parents in techniques, activities, and/or adapted equipment. The child's status and the programs are frequently evaluated, updated, and reinforced.

Example: OT suggests that a series of perceptual-motor activities be included in the child's daily classroom routine. The therapist sees the child once per week, using a variety of perceptual-motor activities to promote generalizing the skills and to determine when to change to more advanced perceptual-motor activities in the classroom.

Example: PT trains the teacher/parent in specific transferring activities to aid the student in toileting himself. This assures proper body mechanics for both teacher and child and provides for optimum safety.

Direct

GROUP DIRECT THERAPY INTERVENTION – OT/PT has contact with the child two or more times per week in a group setting. Groups must be carefully chosen to insure that the objectives for the individual child can be met in the group. Consultation with teachers and parents is used in conjunction with direct treatment.

INDIVIDUAL DIRECT THERAPY INTERVENTION – OT/PT has contact with the child two or more times per week individually. This may occur in the classroom or "therapy" area. Consultation with teachers and parents is used in conjunction with direct treatment.

Policy Guidelines Regarding Record Keeping

The *special education supervisor should assure* that students who are receiving OT/PT services have the following records maintained in their cumulative files (in addition to their regular educational data):

1. Integrated individual evaluation including OT/PT component;
2. Medical referral page which allows for OT/PT treatment (See Appendix B);
3. A copy of the IEP which reflects an integrated educational management approach;
4. Annual OT/PT progress report including a record of therapy delivered to the child (see Appendix F).

The *special education supervisor should understand* that:

1. The records of students receiving OT/PT as a related service or who require OT/PT evaluation component must be made accessible to the OT/PT;
2. A new medical referral should be obtained annually for provision of OT/PT services.

It is recommended that the *OP/PT maintain* the following records on students receiving services:

1. OT/PT evaluation reports, protocols, and results used in the OT/PT component of the individual evaluation;
2. A copy of the student's IEP when necessary for treatment of that child;
3. A copy of the medical referral page and/or annual update;
4. Record of monthly therapy delivered to the child, including tracking, consultation, group direct therapy, and individual direct therapy (See page 28 and Appendix F);
5. Progress reports to parents (and to physicians with parental approval) to include:
   a. Objectives of PT and OT;
   b. Brief description of therapeutic strategies.
   c. Progress or any changes in the child's status.

Physical Therapy Direct Services

Physical therapy methods in direct treatment include the use of the following:

1. Specific neurodevelopmental facilitation techniques.
2. Therapeutic exercises within a developmental framework.
3. Postural correction.
4. Gait training activities.
5. Positioning and handling of the child.
6. Sensory stimulation and inhibition.

7. Breathing exercises.
8. Fitting and monitoring adaptive equipment.
9. Use of therapeutic modalities to decrease pain and increase function.
10. Joint mobilization techniques.

The above methods are used to promote development in the following areas:

Sensory Motor

Rationale: Improved sensory-motor function enables a child to manipulate his educational environment more safely, independently, and effectively.

Physical therapy related to sensory-motor function may include but is not limited to the following goals:

1. Improve and maintain postural alignment.
2. Improve gross motor function.
3. Improve fine motor function.
4. Enhance normal developmental ambulatory skills.
5. Improve coordination and motor planning.
6. Decrease pain.
7. Normalize muscle tone.
8. Maintain or increase joint range of motion.
9. Reduce abnormal reflex activity.
10. Promote normal postural reflexes and responses.
11. Improve balance.
12. Increase strength and endurance.
13. Improve oral motor function and decrease drooling.
14. Improve the ability to receive and organize tactile, kinesthetic, and vestibular stimuli.
15. Improve body image.
16. Promote more normal activity level.
17. Reduce defensive reactions to stimulation.
18. Improve bilateral integration.

Activities of Daily Living and Self-Care

Rationale: To promote and enhance the "least restrictive environment" for handicapped students, physical therapists work with special educators to increase a student's independence in daily activities within his educational setting.

Physical therapy related to activities of daily living and self-care may include but is not limited to the following goals:

1. Improve functional use of braces within educational environment.
2. Improve independent toileting/hygiene/grooming.
3. Improve independence in wheelchair use.
4. Enhance safe transferring of exceptional student in school, in buses, and in all school activities.
5. Increase physical tolerance to activities of daily living.
6. Improve feeding and dressing skills.
7. Fit and monitor adaptive equipment to individual student's needs.
8. Adapt the classroom, school facilities, and home to increase the child's participation in normal daily activities.

Individual and Environmental Adaptation

Rationale: The placement of a child in the "least restrictive environment" often requires that some aspect of that environment be changed to permit the child to function independently. Also, the child often must adapt and learn to use some specialized equipment or methods to function more independently in his educational facility. In assisting the child and the school with this adaptation process, the physical therapist may have the following goals:

1. Recommend changes in the structure or arrangement of the classroom, toilet, or lunchroom to eliminate architectural barriers. This may include ramps, arrangement of desks, placement of grab bars, or alterations of doors.
2. Recommend, fit, and modify special adapted equipment such as the following:
   a. Wheelchairs.
   b. Braces, splints, special shoes, etc..
   c. Adaptations to desks and chairs in the classroom.
   d. Ambulation aids, walkers, crutches.
   e. Dressing and other self-care aids.

Physiological

Rationale: Improved physiological conditioning of a student increases his school attendance and tolerance for a full day of educational activities. Coordination of a child's physical condition and his tolerance for a full schedule of school activities are necessary for optimal performance of a student academically.

Physical therapy goals related to physiological status might include the following:

1. Improve or maintain breathing capacity.
2. Monitor and promote optimal cardiac functioning.
3. Enhance proper skin care in a child with sensory dysfunction.
4. Monitor post-operative management of handicapped children.
5. Increase bowel and bladder functioning.
6. Decrease injury to the child.
7. Increase safe programming in class activities.

Physical Therapy Indirect Services

Consultation and tracking are indirect service levels of physical therapy at a lesser intensity than direct services. Indirect services can be used alone or in conjunction with direct services to an exceptional child. Physical therapy indirect services may include:

Specific:

1. Explaining the nature of physical disabilities in certain medical conditions;
2. Explaining criteria and rationale for physical therapy intervention in the classroom;
3. Teaching special education personnel and family members certain physical therapy tasks or skills necessary for proper handling that can be delegated to them;

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4. Providing suggestions for maintaining proper body movements and reducing deformities and skin problems caused by improper positioning;

5. Demonstrating to and inservicing teachers in the use of adaptive equipment and assistive devices;

6. Demonstrating the use and care of supportive bracing, orthotic, and prosthetic devices;

7. Recommending safe handling procedures during classroom activities;

8. Consulting with adapted physical educators on common educational objectives and goals;

9. Consulting with driver education instructors on mechanical adaptations for use in driving by the handicapped student;

10. Consulting with bus drivers and other personnel who deal with transportation of special education students to increase accessibility and safety;

11. Investigating alternate funding sources.

General:

1. Suggesting eliminations of environmental constraints;

2. Advising on architectural barriers and specialized equipment;

3. Serving as a liaison between educational and medical communities;

4. Investigating alternate funding for provision of related services;

5. Communicating and consulting with community agencies.

Occupational Therapy Direct Services

Occupational therapy methods in direct treatment include the use of the following:

1. Specific selected goal-directed activities (generally developmentally sequenced and graded);

2. Specific sensory stimulation and neuromuscular facilitation techniques;

3. Positioning and physical handling of the child;

4. Adapted equipment (selection, design, fabrication, training in use of);

5. Training in specific skills;

6. Selected exercises;

7. Interaction with the therapist and/or peers during goal-directed activity.

The above methods are used to promote development in the following areas:

Sensory-Motor

Rationale: Improved sensory-motor function enables the child to participate more effectively in classroom, self-help, pre-vocational, and playground activities. Sitting at a desk, writing, moving independently to the chalkboard, and manipulating learning materials all require gross motor, fine motor, and perceptual-motor skills.

Occupational therapy related to sensory-motor function may include but is not limited to the following goals:

1. Improve gross motor function.
2. Improve fine motor function.
3. Improve coordination and motor planning.
4. Normalize muscle tone.
5. Maintain or increase joint range of motion.
6. Reduce abnormal reflex activity.
7. Promote normal postural reflexes and responses.
8. Improve balance.
9. Increase strength and endurance.
10. Improve oral-motor function and decrease drooling.
11. Improve the ability to receive and organize tactile, kinesthetic, and vestibular stimuli.
12. Improve visual-motor coordination.
13. Improve body image.
14. Promote more normal activity level.
15. Reduce defensive reactions to stimulation.
16. Improve bilateral integration.
17. Improve visual perception in the areas of:
    a. spatial relations,
    b. figure-ground perception,
    c. form constancy,
    d. position in space.

Self-Care and Pre-Vocational Skills

Rationale: Special education includes as one of its purposes promoting a child's independence and self-sufficiency.

Occupational therapy related to self-care and pre-vocational skills may include but is not limited to the following goals:

1. Improve independent feeding.
2. Improve independent dressing.
3. Improve independent toileting/hygiene/grooming.
4. Increase independence in wheelchair use and transfers.
5. Provide adapted equipment which increases independence in self-care.
6. Adapt the classroom, school facilities, or home to increase the child's independence in self-care.
7. Improve meal preparation and other homemaking skills.
8. Increase physical tolerance to work situation.
9. Improve typing skills, particularly the use of adapted typewriters.
10. Improve ability to use electronic communication devices and language boards.
11. Promote good work habits.

Individual and Environmental Adaptation

Rationale: The placement of a child in the "least restrictive environment" often requires that some aspect of that environment be changed to permit the child to function independently. Also, the child often must adapt and learn to use some adapted equipment and methods to function more independently in the educational environment.

In assisting the child and school with this adaptation process, the OT may have the following goals:

1. Recommend changes in the structure or arrangement of the classroom, toilet, or lunchroom to eliminate architectural bar-

riers. This may include ramps, arrangement of desks, placement of grab bars, or alteration of doors.

2. Recommend, construct, or otherwise obtain special adapted equipment such as:

a. Special spoons, plate guards, straws, cups, and other feeding equipment.

b. Special writing tools.

c. Dressing aids.

d. Adaptations to desks and chairs for proper positioning and comfort.

e. Wheelchair adaptations.

Psycho-Social and Cognitive

Rationale: Although instructional personnel and other professionals play a more direct role in promoting psycho-social and cognitive development, OT facilitates development in these areas through selection of activities, the use of groups, and interaction with the child. Many sensory-motor activities also promote cognitive and psycho-social development.

Occupational therapy related to psycho-social and cognitive function may include the following goals:

1. Increase attention span and concentration.
2. Improve ability to cope with competition, frustration, success and failure.
3. Express feelings through activity.
4. Increase self-esteem and self-identity.
5. Develop more appropriate social behavior in a group.
6. Improve decision-making and problem-solving skills.

Occupational Therapy Indirect Services

Consultation may be the only level at which a child receives OT services, or consultation may be used in conjunction with direct services. OT consultation services may include:

Specific:

1. Training and supervising teachers, parents, aides, and professionals in appropriate activities, handling, positioning, and use of adaptive equipment regarding a specific child;
2. Consulting with teachers regarding:
   a. IEP development,
   b. Adapting the physical environment,
   c. Selecting educational materials and modifying curricular procedures,
   d. Nature and implications of a child's medical condition;
3. Consulting and communicating with all professionals involved with a child in order to coordinate and reinforce the educational program;
4. Consulting with parents on home activities and providing training in a specific home program (This may include home visits);
5. Communicating with the child's physician;
6. Investigating alternative funding for the provision of therapeutic services;
7. Advising bus drivers and others transporting a child on safe and appropriate handling and positioning.

General:

1. Providing inservice training to parents, teachers, and other professionals;
2. Communicating and consulting with community agencies;
3. Serving as a liaison between educational and medical communities;
4. Advising on architectural barriers and specialized equipment.

Termination of OT/PT Services

Occupational and physical therapy are terminated by revision of the IEP to exclude OT/PT as a related service.

The rationale for termination of OT/PT service may include:

1. Documentation by the therapist that maximal benefit from OT/PT to educational programming has been reached;
2. Termination by physician order;
3. Recommendation of the multidisciplinary team following re-evaluation.

Due Process

The need for OT/PT as related services to the special education of the handicapped child is often an area of disagreement between members of the IEP committee meeting. Hopefully, as OT/PT's participation in the multidisciplinary team increases, the individual evaluation information concerning the need for OT/PT will be more specific.

It is vital that all parties realize that OT/PT are related services to the specialized instruction mandated by a free appropriate public education. ***All service levels*** (tracking, consultation, group direct therapy intervention, and individual direct therapy intervention) ***represent occupational and physical therapy***. The amount of OT/PT formulated in an IEP for a child addresses only his educational needs, and additional therapy may be required to meet the total needs of the child.

If an agreement cannot be reached at the IEP meeting concerning OT/PT as related services, then the disagreeing parties should be made aware of procedural safeguards outlined in Section 615 of the federal act, subpart E of the federal regulations, and corresponding due process procedures within Louisiana Act 754.

III

Administrative Section

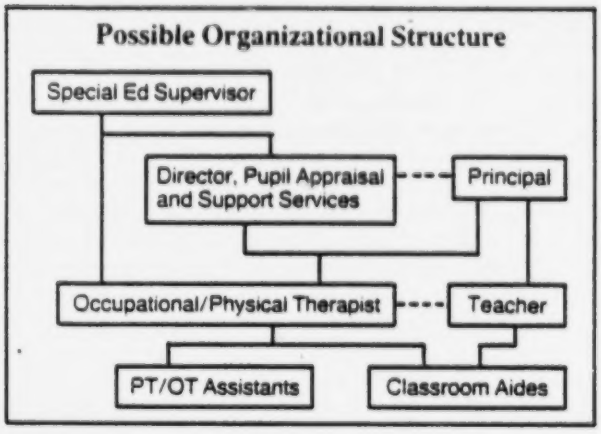
Employer of Occupational and/or Physical Therapist

One aspect of the service delivery model is the employer of the OT/PT. Determination of who should employ the OT and/or PT is made on the basis of the resources of the parish and the number and types of students whose IEPs indicate OT and/or PT as a related service. The following is a list of alternative employers.

A. Direct LEA employment
   1. Individual LEA hires OT/PT either full-time or part-time.
   2. Consortium of LEA's directly hires an OT and/or PT.

B. Contract for OT and/or PT services
   1. Contract with a public health agency.
   2. Contract with a local rehabilitation facility or hospital.
   3. Contract with a private practice OT and/or PT.

Contractual arrangements should include the following:
   a. An agreement on who will supervise the OT/PT.
   b. The qualifications of the therapist (licensed and certified).
   c. Consistency of care, that is, the same therapist will provide services to the school.
   d. Coordination of contracted services with educational programming to promote a multidisciplinary approach.
   e. Accountability of the OT and/or PT to assure his participation in IEP development and in educational record keeping.
   f. An agreement on the responsibility for the following:
      (1) Equipment and space.
      (2) Continuing education.
      (3) Travel expenses.
      (4) Malpractice insurance.



Qualifications of School OTs and PTs

Required

1. An OT/PT must be licensed in the State of Louisiana. Licensure requires successful completion of an accredited program and a passing grade on a national examination. (See Appendix E)
2. Certification, according to state department standards.

Recommended

Membership in professional organization;

Evidence of participation in continuing education and/or in-service programs, particularly as it relates to program design for children with special needs;

Ability to communicate diplomatically and effectively with educational personnel;

Possession of supervisory and administrative skills required for delivery of physical and occupational therapy services within educational settings;

Flexibility to adapt to different settings and routines;

Interest in helping children acquire skills;

Ability to function as a member of a multidisciplinary team.

(See Appendix D for methods of recruitment and sample job descriptions.)

Certification Requirements for Occupational Therapists

Provisional Certificate (Valid for 2 years; non-renewable)

1. Must hold a temporary license to practice occupational therapy in compliance with Title 37 of the Louisiana Revised Statutes, Chapter 39, (R.S. 37:3009) as administered by the Louisiana Board of Medical Examiners.
2. Revocation, refusal to renew, or suspension of temporary license automatically and immediately suspends this provisional certificate.

Certificate (Valid for 5 years; renewable)

1. Must hold a valid Louisiana license to practice occupational therapy in compliance with Title 37 of the Louisiana Revised Statutes, Chapter 39, administered by the Louisiana Board of Medical Examiners.
2. Must have completed two (2) years of successful work experience as an occupational therapist with children and have recommendation of the employer(s).
3. Revocation, refusal to renew, or suspension of a license automatically suspends this certificate.

Certification Requirements for Physical Therapists

Provisional Certificate (Valid for 2 years; non-renewable)

1. Must hold a temporary license to practice physical therapy in compliance with Title 37 of the Louisiana Revised Statutes, Chapter 29, (R.S. 37:2402) as administered by the Louisiana Board of Medical Examiners.
2. Revocation, refusal to renew, or suspension of a temporary physical therapy license automatically and immediately suspends this provisional certificate.

Certificate (Valid for 5 years; renewable)

1. Must hold a valid Louisiana license to practice physical therapy in compliance with Title 37 of the Louisiana Revised

Statutes, Chapter 29, as administered by the Louisiana State Board of Medical Examiners.

2. Must have completed two (2) years of successful work experience as a physical therapist with children and have recommendation of the employer(s).

3. Revocation, refusal to renew, or suspension of a license immediately suspends this certificate.

Legal Considerations

Licensure – Occupational and physical therapists are licensed according to state law. Their certification by the Board of Elementary and Secondary Education insures that all licensure requirements have been met. (See Appendix E)

Medical Referral – Physical and occupational therapists are health professionals and thus must maintain a close relationship with physicians. Both occupational and physical therapists provide direct treatment intervention only after a medical referral; however, both may evaluate within the school system without a medical referral. (See Appendix B)

Liabilities and Delegated Tasks – The physical and/or occupational therapist is directly responsible for selecting which tasks in physical therapy and/or occupational therapy intervention are to be delegated to other personnel, i.e., teachers, aides. A therapist in the schools should maintain written records of tasks delegated to other personnel. The tasks delegated should be those of minimal risk to injury of the child. The specific activities that are delegated depend upon the therapist's judgment about the expertise, skill, training, and knowledge of those carrying out the activities (tasks), and the nature of the particular interventions to be delegated.

Malpractice Insurance – Many physical and occupational therapists carry malpractice insurance. The method of employment (direct vs. contractual) determines the type of malpractice coverage that may be needed by the therapist. (Refer to Employer of OT/PT page 41)

Budgeting

Budgeting for inclusion of OT and/or PT as a related service to special education of exceptional children warrants consideration of the following:

1. Salary of therapist;
2. Appropriate facilities
   a. Large enough for evaluation and treatment,
   b. Accessible to all students;
3. Equipment needs
   a. Specialized equipment (see page 51)
   b. Assessment tools,
   c. Reference materials;
4. Professional continuing education in addition to currently provided educational inservices;
5. Travel expenses according to local and state rates (see location of therapist page 50);
6. Therapist access to support services
   a. secretarial time,
   b. office facilities,
   c. office supplies, forms, etc.

Salaries

Salaries for occupational therapists and physical therapists are variable and depend upon a number of considerations. The special education director should realize that the therapist often does not qualify for the employment benefits given to educational personnel, such as educational leave, tenure, and paid continuing education.

Some of the factors which must be considered by the special education director and the therapist in salary negotiations are these:

1. Educational level (B.S., M.S.),
2. Experience (particularly with children and school systems),
3. Competitive salary (may vary from region to region),
4. Contractual vs. direct LEA hired
   a. Liability coverage,
   b. Administrative costs,
   c. Support personnel,
5. Equipment responsibilities,
6. Travel reimbursement,
7. Professional continuing education opportunities,
8. Other responsibilities, i.e., administrative or multidisciplinary team member.

OT/PT Caseload Factors

A number of factors enter into an individual therapist's schedule and caseload. Because of the variability in these factors, no definite caseload guidelines can be established.

The following are factors in determining the number of students which the OT/PT can adequately serve:

1. OT/PT evaluation caseload. Evaluation reports are time consuming;
2. Intensity of OT/PT service provided (predominant service levels of caseloads). Greater numbers of students can be served in less intensive tracking and consulting. The more direct treatment provided, the smaller the caseload;
3. Location of students. Itinerant therapists serving schools geographically separated spend time traveling and getting organized for providing therapy at each school;
4. Amount of parent contact and parent training being done by the OT/PT;
5. Non-treatment responsibilities
   a. Inservice to teachers and other educational personnel,
   b. Participation in continuing education,
   c. Administrative duties;
6. Availability of secretarial assistance;
7. The experience and training of the OT/PT.

Location of OT/PT

Exceptional children are placed in the least restrictive educational setting consistent with the child's IEP. When the related services of OT and/or PT are included in the child's IEP, those services should be delivered within this least restrictive educational setting. The geographic location of the students to be served determines the location of the OT and/or PT.

The OT and/or PT functions as an itinerant therapist when the students are located in several schools. The therapist travels to the various schools to provide therapy. Equipment may be transported by the therapist or maintained at separate schools.

The OT and/or PT functions as a center-based therapist when the students are located in close geographic proximity. The therapist provides services at one central site. In some instances, children located short distances from the center may be transported to the center for therapeutic services; however, this is the least recommended alternative.

Effective utilization of therapist time would not include requiring therapist to be responsibile for cafeteria, playground, or bus duties.

Equipment and Space

Therapists who will be providing physical/occupational therapy services for each LEA should be consulted before any equipment is ordered.

Funds should be available to the OT and/or PT for specialized equipment and materials.

Needed *equipment* may include the following:

1. Positioning materials such as wedges, bolsters, prone standers, mats;
2. Therapeutic equipment such as balls, scooter boards, vestibular boards, etc.;
3. Perceptual training equipment such as developmental learning materials;
4. Self-help devices such as special spoons, ball-bearing feeders, etc.;
5. Toys such as bean bags, puzzles, and jump ropes;
6. Office equipment such as files, desks, etc.

Needed *materials* could include the following:

1. Evaluative tests and protocols;
2. Splinting materials;
3. Play and art materials such as clay, sand, etc.

The therapist may require access to woodworking or maintenance shops in order to construct and adapt equipment needed for student functioning within the educational environment. In addition, the therapist's access to office materials and personnel may be required to fulfill communication and record-keeping duties.

A therapist operating within a multidisciplinary framework will probably be providing many services within the individual child's classroom environment. However, it should also be understood that the OT and/or PT will need additional space for individual testing and direct therapy.

Orientation of OT/PT to the LEA

New teachers entering an LEA have a supervisor and fellow teachers who are responsible for acquainting the teacher with the organization and administrative procedures of the LEA. The schools are usually not so well prepared to orient a new occupational or physical therapist.

In order to provide services which are appropriate and consistent with the educational system, the OT and/or PT must understand that system. The following is a list of things which should be included in the orientation of the OT and/or PT to the local education agency.

A. Provide the OT and/or PT with copies of:
   1. Act 754 Regulations,
   2. Louisiana's IEP Handbook (teacher's section),
   3. State of Louisiana Department of Education Pupil Appraisal Handbook (Bulletin 1508),
   4. Pupil Appraisal Forms,
   5. Schedule of inservice education,
   6. Other relevant forms and schedules.

B. Inform the OT/PT of LEA procedures for:
   1. Requisitioning materials and equipment,
   2. Sending report cards and IEP page 4 short-term objectives,
   3. Fire drill,
   4. Accidents (include accident report forms),
   5. Other relevant procedures.

C. Introduce OT/PT to:
   1. Parish special education administrative and support staff,
   2. Principals of schools serving handicapped students,
   3. Special education teachers and aides,
   4. Evaluation coordinator and multidisciplinary team members,
   5. Related service personnel,
   6. Maintenance personnel (therapists often require the assistance of maintenance personnel in constructing equipment and adapting the physical environment),
   7. Bus drivers involved in transporting handicapped students.

D. Provide an opportunity for the OT/PT to observe in special education classroom.

E. Orient the OT/PT to community resources relevant to handicapped children.

Internal Monitoring

The following statements are adapted from "Guidelines for OT/PT Services in Public Schools of Virginia, 1978." They refer to internal monitoring performed within local education agencies. On a periodic basis, administrators may wish to use a consultant OT/PT to assist in the review of OT/PT services delivered within their school system. Occupational and physical therapists should review their performance periodically by either self-evaluation or peer review.

Internal Evaluation – The administrator should obtain reports from personnel involved with OT/PT services on an ongo-

ing basis. These reports could be either verbal reports provided in meetings or written reports submitted, for example, monthly. The intent of these reports would be to determine to what extent the original design for the delivery of services was adequate. The following statements should be considered:

1. Organizational structure
   a. OT/PT has adequate supervision by school division personnel.
   b. OT/PT has adequate supervision by medical personnel.
   c. OT/PT communicates effectively with both medical and educational personnel.
2. Therapy staff and resources
   a. OT/PT service levels are appropriate.
   b. OT/PT is provided with sufficient materials and equipment.
   c. OT/PT has adequate facilities.
   d. OT/PT has other necessary resources (office secretarial support, in service, travel support).
3. OT/PT record-keeping
   a. Due process procedures regarding evaluations, placements, and release of records are being followed.
   b. OT/PT have appropriate access to records.
   c. OT/PT document assessments and daily records appropriately.
   d. OT/PT has necessary medical information and referral.
4. Occupational and physical therapy services
   a. OT/PT uses multidisciplinary approach, thus minimizing overlap with other direct service providers.
   b. OT/PT provides sufficient inservice to family, educators, and other personnel.

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IV

Appendices

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LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

MULTIDISCIPLINARY TEAM COMPOSITION

STUDENT _____

RACE _____ SEX_____ DATE_____

ROLE	NAME	RACE	SEX	POSITION/ AFFILIATION	CHILD IDENTIFICATION	INITIAL SCREENING	EDUCATIONAL ASSESSMENT	EVALUATION	EDUCATIONAL PLAN DEVELOPMENT
COORDINATOR									
EDUCATIONAL CONSULTANT									
CURRENT AND/OR RECENT TEACHER(S)									
PSYCHOLOGIST									
PARENT(S)									
SPEECH PATHOLOGIST									
PHYSICIAN									
SOCIAL WORKER									
AUDIOLOGIST									
ASSESSMENT TEACHER									
SPECIALIST	Jane Smith							X	
field	Physical Therapy								
SPECIALIST	Mary Jones							X	
field	Occupational Therapy								
TRANSLATOR/ INTERPRETER									
language									
OTHER									

Parent (White), Cumulative Folder (Canary), Evaluation File (Pink), Special Education Supervisor (Goldenrod)

PAS#

SSD#

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

REQUEST FOR SPECIALIST EVALUATION

Student's Name_____ _____ Parent's Name_____

Date of Birth_____ Address_____

If as an Evaluation Coordinator you feel that an additional specialist is needed to provide required information to the evaluation team, please complete this form.

1. EVALUATION TEAM MEMBER_____ TEAM POSITION PHYSICAL THERAPIST/ OCCUPATIONAL THERAPIST
name

2. DATE OF RECOMMENDATION _____ _____ _____
month day year

3. TYPE OF ASSESSMENT RECOMMENDED Physical therapy and/or Occupational therapy

4. RECOMMENDED FACILITY OR INDIVIDUAL _____ _____
name address

5. SPECIFIC QUESTIONS TO BE ADDRESSED BY THE SPECIALIST

5.1 -What environmental adaptations are needed for this wheelchair-bound child to function in a resource room?

-What motor impairment interferes with this child's performance on standardized intelligence and educational evaluations?

5.2 -What gross motor deficits interfere with the child's ability to sit at the desk, manipulate educational materials, move around the classroom, and participate in playground activities?

-What fine motor deficits interfere with the child's ability to write, draw, and manipulate educational materials?

5.3 -What adapted equipment can be used to increase this child's independent function in the classroom?

-Can this child toilet himself safely and independently in school?

5.4 -What oral motor and fine motor deficits interfere with independent feeding?

-Are deficits in writing and drawing the result of perceptual problems or motor impairments?

☐ ADDITIONAL COMMENTS ON ATTACHED SHEET

Specialist (White), Evaluation File (Canary)

PAS# ☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

SPECIALIST SUMMARY REPORT

1. ASSESSMENT BY _____ _____
Name Position

_____ _____
Address Telephone Number

2. SPECIALIZED FIELD Physical Therapy or Occupational Therapy

3. DATE _____ _____ _____
Month Day Year

4. SPECIFIC QUESTIONS TO BE ADDRESSED (attach "RECOMMENDATION FOR SPECIALIST ASSESSMENT" form)

5. RESULTS

5.1 ADDITIONAL COMMENTS AND/OR RECOMMENDATIONS FOR ADDITIONAL EVALUATIONS/SPECIALISTS

5.2 SPECIFIC RESULTS (please indicate by number from "SPECIFIC QUESTIONS TO BE ADDRESSED" section - see attached "RECOMMENDATION" sheet)

5.3 INDICATE ASSESSMENT TOOLS USED, ASSESSMENT SETTINGS, AND DATES OF EACH

5.4 STATEMENT OF CONSTRAINTS OR PERFORMANCE (if medical)
OR ON SPECIAL LEARNING CONDITIONS (if diagnostic)

5.5 RECOMMENDED APPLICATION OF RESULTS IN EDUCATIONAL TERMS

6. DO YOU WISH TO BE PRESENT AT THE STAFFING ☐ , IEP DEVELOPMENT MEETING ☐ ?

☐ CONTINUED ON NEXT PAGE
(attach extra sheet if needed)

7. SIGNATURE _____ DATE _____
SPECIALIST

Parent (Pink), Specialist (Green), Cumulative Folder (Canary), Evaluation File (White), Special Education Supervisor (Goldenrod)

I.D. #

LOUISIANA SCHOOLS
PUPIL APPRAISAL SERVICES
INITIAL SCREENING PROCESS
Teacher Review

SBL-1

Appendix A Page 1 of 1

Student _____ Age _____ Grade _____ Form Completed By:

School _____ Teacher(s) _____

Dates of Screening _____

1. Concerns/Needs

Please state the specific reasons/situations which indicate that this student may be in need of special services. Include the academic, behavioral, physical, verbal, and motor areas as pertinent to this child. Attach additional sheet if necessary. For re-evaluations indicate progress or lack of progress.

1.1

1.2

1.3

1.4

2. Attempts To Meet Needs

Please state any attempts made within the educational program to resolve each stated concern. Describe what was done, for how long, and by whom; indicate if the attempt was successful, unsuccessful, or made matters worse.

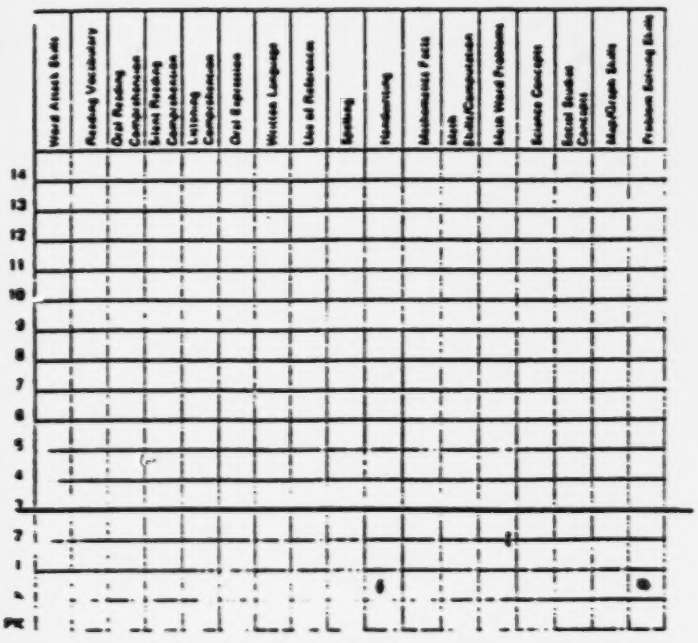
2.1

2.2

2.3

2.4

3. Functional Levels: Plot your judgement of the grade level where student is functioning in your classroom. Connect the plotted points. Indicate the student's actual grade placement by drawing a horizontal line across the graph. Departmentalized teachers might find it beneficial to confer with child's other teachers.



Attach and date any pertinent samples of student's work. (Check the appropriate box if attachments are included).

☐ Additional Information ☐ Work Samples

4. Student Evaluation. Please check the column to indicate how the student rates most of the time according to the following scale:

1. Poor 3. Slightly Below Average 5. Above Average
2. Below Average 4. Slightly Above Average 6. Excellent

	1	2	3	4	5	6
Gross Motor Development	X	X				
Fine Motor Development	X	X				
Motor Coordination	X	X				
Creativity						
Attention Span						
Work/Study Habits						
Self-Motivation						
Attitude Toward School						
Observance of School Rules						
Peer Group Participation						
Attitude Toward Peers						
Leadership						
Self-Concept	X					
Maturity (For Age)						
Reaction To Stress						
Attitude Toward Adults						
Politeness						
Body Care	X					
Clothing Care	X					
Safety Awareness	X					
Responsibility						
Following Instructions						

EVALUATION FILE

I.D. #

LOUISIANA SCHOOLS
PUPIL APPRAISAL SERVICES
INITIAL SCREENING PROCESS
Needs Assessment

Appendix A

STUDENT _____

SCHOOL _____ TEACHER _____

DATES OF SCREENING _____ PRINCIPAL (DESIGNEE) _____

1. Academic Grade Progression: In each grade level block, specify: P (Pass), F (Fail), S (Social Promotion). There may be more than one letter in a block.

Promotion													
GRADE LEVELS	K	1	2	3	4	5	6	7	8	9	10	11	12

2. Academic Performance: List the last achievement test scores recorded for student. Give results of Statewide Assessment Test. List the final report card grades for the last two years of school attendance and grades received so far this year.

a. Date of Testing _____
Name of Test _____

	% Tile	Stanine	Grade Level
Total Reading			
Total Language			
Total Math			
Science			
Social Studies			

b. Statewide Assessment Test
Date of Testing _____
Reading _____
Math _____
Writing _____

c. Report Card Grades

	PREVIOUS YEARS		PRESENT YEAR
Total Reading			
Total Language			
Total Math			
Science			
Social Studies			
Days Absent			

3. If prior evaluation, Date _____ Attach Report of Evaluation or Case Number and Current IEP.

4. General Health: Explain any Yes answers to the following questions.

Does the student . . . .

	YES	NO	COMMENTS	Additional Information Attached CHECK
a. have recurring health problems?	X			
b. regularly take medication?				
c. have a known medical problem?	X			
d. have a physically crippling condition?	X			
e. appear to be chronically ill?	X			
f. wet/soil his clothes?				
g. receive professional treatment?	X			
h. receive school help for problems?				
5. Immunizations lacking?				

6. Screening: (If no record, schedule immediate screening.) Complete the following:

			DATE	
Vision Results	☐ Normal	☐ At risk	_____ Date of Screening	☐ Corrected _____
Hearing Results	☐ Normal	☐ At risk	_____ Date of Screening	☐ Corrected _____

7. Does the regular P.E. program provide for the needs of this child? ☐ Yes ☒ No
If no, why not? _____

8. Could the regular P.E. program with technical assistance and/or support from an adaptive P.E. teacher, or through modifications within the class provide for the needs of this child? ☐ Yes ☒ No

a. If yes, explain or give examples: _____

b. If no, do you feel that the student needs a formal adaptive physical education program in a separate class? ☒ Yes ☐ No
If yes, explain: _____

Signature of P.E. teacher _____

BEST COPY AVAILABLE

Physician Referral

BEST COPY AVAILABLE

Physical therapists and occupational therapists are licensed by the Louisiana State Board of Medical Examiners. Both professions are governed by Title 37 of Louisiana Revised Statutes, Chapters 29 and 39 respectively. Direct physical and occupational therapy services to handicapped children require physician referral; however, evaluative services within the school systems can be performed without physician referral. Thus occupational and physical therapists may be included on a Multidisciplinary Evaluation Team without physician referral if deemed necessary.

See Appendix E for licensure acts.

Louisiana Public Schools
PUPIL APPRAISAL SERVICES

Medical Assessment Report

FROM: Child's Physician

Directions: This form should be completed and signed by a physician. It may be utilized separately or as a part of a comprehensive report of relevant findings.

Please fill out and return to:

_____
(Special Ed Administrator)

_____
(School)

_____
(Address)

_____
(By [illegible] above date)

Student's Name_____Telephone #_____

Address:_____

Physician's Name_____Telephone #_____

Address:_____

DATE OF EXAMINATION_____DIAGNOSIS_____

_____ is referred for ☐ OT and/or ☐ PT services if indicated in his individualized educational plan.

Precautions_____

Date_____ Signature_____

Request for results of ☐ Multidisciplinary Evaluation
☐ OT/PT progress notes ☐ Individualized Educational Plan

Check one: ☐ Primary care ☐ Consultant ☐ School physician ☐ Other
Please specify specialty:_____

Parent (pink), Physician (Green), Cumulative folder (Canary), Evaluation file (White), Special education supervisor (Goldenrod)

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Methods of Recruitment

A special education administrator can advertise for a *physical therapist* in the following ways:

At the national level:

1. Tot-Line – a quarterly publication of the Pediatric Section of the American Physical Therapy Association
   c/o Ms. Pam Roberts, Editor
   939 Storr Road
   Storrs, CT 06268
2. Journal of the American Physical Therapy Association – a monthly publication of the American Physical Therapy Association
   1156 15th Street, N.W.
   Washington, DC 20005
   (There may be a 3 to 4 month delay)

At the local level:

1. Job Placement Chairperson (Ms. Ellen Fantaci)
   Physical Therapy Department
   Louisiana State University Medical Center
   School of Allied Health Professions
   2100 Perdido
   New Orleans, LA 70122
2. Louisiana Chapter of the American Physical Therapy Association NEWSLETTER
   c/o Ochsner Foundation Hospital
   1516 Jefferson Highway
   Jefferson, LA 70121
3. Local Newspapers

A special education administrator can advertise for an *occupational therapist* in the following ways:

At the national level:

1. Occupational Therapy Newspaper – A monthly publication of the American Occupational Therapy Association
   1383 Picard Dr.
   Rockville, MD 20850
   Telephone (301) 948-9626
2. American Journal of Occupational Therapy – a monthly publication of the American Occupational Therapy Association (address above)

At the local level:

1. Job Placement Chairperson (Ms. Carolyn Durr)
   1509 Nursery Avenue
   Metairie, LA 70005
   (504) 831-8865
2. Louisiana Occupational Therapy Association NEWSLETTER
   Editor: Kathryn F. Haile
   2607 McConnell Drive
   Baton Rouge, LA 70809
   (504) 927-6626
3. Local Newspapers

Sample OT Job Description

I. Title of Position: Occupational Therapist (Special Education)

II. Qualifications needed:
   1. B.S. degree in Occupational Therapy
   2. Must be licensed or eligible for licensure in Louisiana
   3. As set forth in Louisiana Standards for State Certification of School Personnel

III. Responsibilities
   1. Maintain appropriate records following federal, state, and local school system regulations, policies, and procedures.
   2. Screen, evaluate, and assess handicapped students and document results according to established procedures.
   3. Provide occupational therapy when indicated on a student's individualized educational program.
   4. Provide consultant services and in-service to teachers, families, other professional personnel, and community agencies.
   5. Participate as a member on the multidisciplinary team including participation in IEP development.
   6. Act as a resource person to other educational specialists in regard to gross and fine motor programs and adaptations needed by handicapped students.
   7. Select, maintain, and/or construct necessary equipment.
   8. Supervise other personnel carrying out delegated activities recommended by the occupational therapist for a specific child's educational program.
   9. Supervise occupational therapy students on field work placements.
   10. Maintain and update policies and procedures involving occupational therapy services.
   11. Participate in continuing education relevant to occupational therapy in the schools.
   12. Maintain communication with appropriate medical personnel.
   13. Perform appropriate management and administrative services.
   14. Practice within the Standards of Practice and Code of Ethics of the American Occupational Therapy Association.
   15. Interpret medical information to school personnel.

Sample PT Job Description

I. Title of Position: Physical Therapist (Special Education)

II. Qualifications needed:
   1. B.S. degree in physical therapy
   2. Must be licensed or eligible for licensure in Louisiana
   3. As set forth in Louisiana Standards for State Certification of School Personnel

III. Responsibilities
   1. Maintain appropriate records following federal, state, and local school system regulations, policies, and procedures.
   2. Screen, evaluate, and assess handicapped students and document results according to established procedures.
   3. Provide physical therapy when indicated on a student's individualized educational program.
   4. Provide consultant services and in-service to teachers, families, other professional personnel, and community agencies.
   5. Participate as a member on the multidisciplinary team, including participation in IEP development.
   6. Act as a resource person to other educational specialists in regard to gross and fine motor programs and adaptations needed by handicapped students.
   7. Select, maintain, and/or construct necessary equipment.
   8. Supervise other personnel carrying out delegated activities recommended by the physical therapist for a specific child's educational program.
   9. Supervise physical therapy students on clinical education assignments.
   10. Maintain and update policies and procedures involving physical therapy services.
   11. Participate in continuing education relevant to physical therapy in the schools.
   12. Maintain communication with appropriate medical personnel.
   13. Perform appropriate management and administrative services.
   14. Practice within the Standards of Practice and Code of Ethics of the American Physical Therapy Association.
   15. Interpret medical information to school personnel.

Occupational Therapy Practice Act

(Louisana Revised Statutes 37:3001 thru 37:3014)

Chapter 39. Occupational Therapy

§3001. Short title

This Chapter shall be known and may be cited as the Louisiana Occupational Therapy Practice Act of 1979.

§3002. Declaration of purpose

In order to safeguard the public health, safety, and welfare; protect the public from being misled by incompetent, unscrupulous, and unauthorized persons; assure the highest degree of professional conduct on the part of occupational therapists, occupational therapy assistants and occupational therapy services of high quality to persons in need of such services, it is the purpose of this Chapter to provide for the regulation of persons offering occupational therapy services to the public.

§3003. Definitions

As used in this Chapter the following words shall have the meanings hereinafter ascribed to each:

(1) "Board" means the Louisiana State Board of Medical Examiners established in R.S. 37:1263.

(2) "Occupational therapy" means the application of any activity in which one engages for the purposes of evaluation, interpretation, treatment planning, and treatment of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorders, congenital or developmental disabilities, or the aging process, in order to achieve optimum functioning and prevention and health maintenance. The occupational therapist may enter a case for the purposes of providing consultation and indirect services and evaluating an individual for the need of services. Implementation of direct occupational therapy to individuals for their specific medical condition or conditions shall be based on a referral or order from a physician licensed to practice in the state of Louisiana. Practice shall be in accordance with published standards of practice established by the American Occupational Therapy Association, Inc., and the essentials of accreditation established by the agencies recognized to accredit specific facilities and programs.

Specific occupational therapy services include, but are not limited to, activities of daily living (ADL); the design, fabrication and application of prescribed temporary splints; sensorimotor activities; the use of specifically designed crafts; guidance in the selection and use of adaptive equipment; therapeutic activities to enhance functional performance; prevocational evaluation and training and consultation concerning the adaptation of physical environments for the handicapped. These services are provided to individuals or groups through medical, health, educational and social systems.

"Occupational therapy" shall not include the administration of massages by employees of the Hot Wells Health Resort.

(3) "Occupational therapist" means a person who is certified as an occupational therapist, registered (OTR) by the American Occupational Therapy Association, Inc. (AOTA), and licensed to practice occupational therapy, as defined in this Chapter, and whose license is in good standing.

(4) "Occupational therapy assistant" means a person who is certified as a certified occupational therapy assistant (COTA) by the American Occupational Therapy Association, Inc. (AOTA), and is licensed to assist in the practice of occupational therapy under the supervision of, and in activity programs with the consultation of, an occupational therapist licensed under this Act.

(5) "Person" means any individual, partnership, unincorporated association, or corporate body, except that only an individual may be licensed under this Chapter.

(6) "Association" means the Louisiana Occupational Therapy Association, Inc. (LOTA).

§3004. License required

No person shall practice occupational therapy or hold himself out as an occupational therapist or an occupational therapy assistant, or as being able to practice occupational therapy or to render occupational therapy services in the state unless he is licensed in accordance with the provisions of this Chapter.

§3005. Persons and practices not affected

A. Nothing in this Chapter shall be construed as preventing or restricting the practice, services, or activities of:

(1) Any person licensed in this state by any other law from engaging in the profession or occupation of which he is licensed.

(2) Any person employed as an occupational therapist or occupational therapy assistant by the United States government, if such person provides occupational therapy solely under the direction or control of the United States governmental organization by which he is employed.

(3) Any person pursuing a course of study leading to a degree or certificate in occupational therapy at an institution whose program is accredited, recognized, or approved by an agency recognized by the United States Office of Education, if such activities and services constitute a part of a supervised course of study; or any person on a supervised field work experience, if such activities and services constitute a part of the experience necessary to meet the requirements of certification and licensure, and if such a person is designated by a title which clearly indicates his or her status as a student or trainee.

(4) Any person employed as an occupational therapy aide who works under the on-premises supervision of an occupational therapist who is licensed under this Chapter.

(5) Any occupational therapist, Registered (OTR), certified occupational therapy assistant (COTA) or occupational therapist who is qualified according to the standards of a member nation of the World Federation of Occupational Therapists (WFOT), who performs occupational therapy services in this state, if not a resident of this state and if not licensed under this Chapter, if such services are performed for no more than ninety days during a calendar year and practicing with an occupational therapist, registered (OTR) licensed under this Chapter.

B. The provisions of this Section shall apply to persons licensed under the law of another state which has licensure requirements at least as stringent as the requirements of this Chapter or is recognized to practice occupational therapy by a member country of the World Federation of Occupational Therapists, and to persons who meet the requirements for certification as an occupational Therapist Registered (OTR), or a Certified Occupational Therapy Assistant (COTA), as recognized by The American Occupational Therapy Association, Inc. (AOTA).

§3006. Requirements for licensure

An applicant applying for a license as an occupational therapist or as an occupational therapy assistant shall file a written application on forms provided by the board, showing to the satisfaction of the board that he:

(1) Is of good moral character.

(2) Has successfully completed the academic and supervised field work experience requirements to sit for the "Certification Examination for Occupational Therapist, Registered or the Certification Examination for occupational therapy assistant" and is approved by the board.

§3007. Examination for licensure

(1) The board shall use the examination administered by an independent agency under contract with the American Occupational Therapy Association, Inc. (AOTA), to administer the examinations for licensure under this Chapter.

(2) Any person applying for licensure shall, in addition to demonstrating his eligibility in accordance with the requirements of R.S. 37:3006, make application to the board for review of proof of his current certification by the American Occupational Therapy Association, Inc. (AOTA), on a form and in such a manner as the board shall prescribe. The application shall be accompanied by the fee fixed in accordance with the provisions of R.S. 37:3013. The board shall determine the criteria for satisfactory performance on the examination, using the American Occupational Therapy Association, Inc., criteria as a minimum score. A person who fails an examination may re-apply.

(3) Applicants for licensure shall be examined at a time and place established by the American Occupational Therapy Association, Inc. (AOTA). Examinations shall be given at least twice each year within the state.

§3008. Waiver of requirements for licensure

(1) The board shall waive the examination and grant a license to any person certified prior to the effective date of this Chapter as an Occupational Therapist, Registered (OTR) or a Certified Occupational Therapy Assistant (COTA) by the American Occupational Therapy Association, Inc. (AOTA), and who otherwise meets the criteria of provisions R.S. 37:3006 and who is domiciled in the state on the date this Chapter becomes effective. In order to obtain the benefit of this waiver, an applicant shall make an application for a license no later than six months

after the effective date of this Chapter.

(2) The board may waive the examination and grant a license to any applicant who presents proof of current licensure as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or a territory of the United States which requires standards for licensure considered by the board to be equivalent to the requirements for licensure of this Chapter, provided that such state, district or territory accords similar privileges of licensure without examination to holders of a license under this Chapter.

(3) The board shall waive the educational and examination requirements and grant a license to any person who gives proof of current employment, either on a probational or a permanent basis, in the classified state service, and who is classified therein as an Occupational Therapy Aide I, Occupational Therapy Aide II, Occupational Therapist I, Occupational Therapist II, or Occupational Therapist III; on the date this Chapter becomes effective.

An Occupational Therapy Aide I, Occupational Therapy Aide II or Occupational Therapist I shall be licensed as an occupational therapy assistant. An Occupational Therapist II or an Occupational Therapist III shall be licensed as an occupational therapist. These licensing designations will in no way restrict the authority of the Louisiana State Department of Civil Service to establish guidelines and qualifications for those employees within the classified service or in no way restrict the power of the Civil Service Department to establish promotional ladders for such employees. In order to obtain the benefit of this waiver, an applicant shall make application for a license no later than six (6) months after the effective date of this Chapter.

(4) The board shall waive the examination and grant a license to any person who is domiciled in the state on the date this Chapter becomes effective, and who is a graduate of a curriculum of a member nation of the World Federation of Occupational Therapists (WFOT). In order to obtain the benefit of this waiver, an applicant shall make application for a license no later than six (6) months after the effective date of this Chapter.

§3009. Issuance of license

(1) The board shall issue a license to any person who meets the requirements of this Chapter upon payment of the license fee fixed by the board.

(2) Any person who is issued a license as an occupational therapist under the terms of this Chapter may use the words "occupational therapist," "licensed occupational therapist," or he may use the letters "LOT," "OT" in connection with his name or place of business to denote his licensure. In addition, any person certified or registered by the American Occupational Therapy Association, Inc., may use the words "licensed occupational therapist, registered" or, "occupational therapist, registered" or "LOTR" or "OTR."

(3) Any person who is issued a license as an occupational therapy assistant under the terms of this Chapter may use the words "occupational therapy assistant," "licensed occupational therapy assistant" or he may use the letters, "OTA" or "LOTA," in connection with his name or place of business to denote his licensure. In addition, any person certified as an assistant by the American Occupational Therapy Association, Inc., may use the designation "licensed certified occupational therapy assistant" or "LCOTA" or "certified occupational therapy assistant" or "COTA."

(4) The board shall establish policies which allow for a challenge of denial of license. This challenge shall be heard in an open hearing in accordance with due process.

(5) The board shall issue a temporary license to practice occupational therapy to persons who have completed academic supervised field work experience requirements specified under R.S. 37:3006(2) and are waiting examination. The temporary license shall be valid until the date on which the results of the qualifying examination have been known and acted upon by the board. This temporary license shall be renewable only once, if the applicant has not passed the examination or if the applicant has failed to take the qualifying examination. Exceptions to the one extension rule can be given at the discretion of the board based upon an appeal identifying extenuating circumstances.

§3010. Display of license or certificates

Licenses and renewal certificates issued under the provisions of this Chapter shall be conspicuously displayed in the principal office of the licensee.

§3011. Suspension and revocation of license; refusal to renew

A. The board may refuse to renew a license, may suspend or revoke a license, or may impose probationary conditions, if the license or applicant for license has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare, or safety of the public. Such unprofessional conduct shall include:

(1) Obtaining a license by means of fraud, misrepresentation, or concealment of material facts.

(2) Being guilty of unprofessional conduct, as defined by the policies established by the board, or violating the code of ethics adopted and published by the American Occupational Therapy Association, Inc. (AOTA).

(3) Conviction of a crime other than a minor offense in any court if the acts for which he was convicted are found by the board to have a direct bearing on whether he should be entrusted to serve the public in the capacity of an occupational therapist or occupational therapy assistant.

B. Denial, refusal to renew, suspension, revocation, or imposition of probationary conditions upon a licensee may be ordered by the board in a decision made after a hearing in the manner provided by the policies which shall be adopted by the board. One year after the date of the revocation of a license, application may be made to the board for reinstatement. The board shall have discretion to accept or reject an application for reinstatement, but shall be required to hold a hearing to consider such reinstatement.

C. The board shall have authority to establish policies regarding denial, suspension, revocation, or refusal to renew an application. Such policies shall be adopted in accordance with the provisions of the Louisiana Administrative Procedures Act.

D. A suspended license is subject to expiration during suspension.

§3012. Renewal of license

(1) A license issued under this Chapter shall be subject to annual renewal and shall expire unless renewed in the manner prescribed by the policies of the board.

(2) Criteria established by the board for the documentation of continued competency required for the retention of licenses shall be appropriate, available, and accessible to all licensed under this Chapter.

(3) Late renewal may be obtained in accordance with the established policies of the board.

(4) Renewal of a license which expired while the license was under suspension can occur only after the completion of the suspension.

§3013. Fees

A. The board shall fix fees in a manner established by its rules. Initial fees shall not exceed the following amounts:

(1) Application fee	$50
(2) Issuance of license fee	$25
(3) Temporary license fee	$25
(4) Renewal of license fee	$25
(5) Reinstatement of license fee	$25
(6) Late renewal fee	$35
(7) Reciprocity	$75

Fees for occupational therapy assistants licensure shall be no more than two-thirds of those for occupational therapist licensure.

B. Such fees shall be fixed in an amount, to the extent feasible, which will cover the expenses of the board.

§3014. False representation of licensure prohibited

(1) No person who is not licensed under this Chapter as an occupational therapist or an occupational therapy assistant or whose license has been suspended or revoked, shall use, in connection with his name or place of business, the words "occupational therapy assistant," "occupational therapist," "licensed occupational therapist," "occupational therapist, registered," "licensed certified occupational therapy assistant," "certified occupational therapy assistant," or the letters, "OT," "LOT," "OTA," "LOTA," "LOTR," "OTR," "LCOTA," "COTA," or any other words, letters, abbreviations, or insignia indicating or implying that he is an occupational therapist or an occupational therapy assistant, or in any way, orally, in writing, in print or by sign, directly or by implication, represent himself as an occupational therapist or an occupational therapy assistant.

(2) Whoever violates the provisions of this Section shall be fined not more than five hundred dollars or be imprisoned for not more than six months, or both.

Sec. 2. Paragraph (1) of Section 2009.31 of Title 40 of the Louisiana Revised Statutes of 1950 is hereby amended and reenacted to read as follows:

§2009.31. Definitions

For the purpose of R.S. 40:2009.31 through R.S. 40:2009.41, unless the context clearly otherwise requires:

(1) "Agency" or "organization" means a state owned and operated agency,

or a private nonprofit organization or a proprietary organization to provide for the general home health service care of the public, such services to be performed in the home of the person receiving the care or any other suitable place, to include nursing care, physical therapy, speech therapy, medical social services, home health aide and homemaker services, nutritional guidance, pharmaceutical services, appliances and equipment services and vocational guidance.

Sec. 3. If any provision or item of this Act or the application thereof is held invalid, such invalidity shall not affect other provisions, items, or applications of this Act which can be given effect without the invalid provisions, items, or applications, and to this end the provisions of this Act are hereby declared severable.

Sec. 4. All laws or parts of laws in conflict herewith are hereby repealed.

Physical Therapy Practice Act

(Louisiana Revised Statutes 37:2401 thru 37:2417)

§2401. Definitions

The following words and phrases, when used in this Chapter, shall have the meaning ascribed to them in this section, unless the context clearly indicates a different meaning:

(1) "Physical therapy" means the art and science of physical treatment of any bodily condition to restore function, relieve pain or prevent disability by the use of the physical and other properties of heat, light, water, electricity, sound, massage, therapeutic exercise, mechanical devices and other physical rehabilitation measures, and shall include physical therapy evaluation, treatment planning, instruction, and consultative services. The use of roentgen rays and radium, isotopes and ionizing radiation for diagnostic and therapeutic purposes, are not authorized under the terms "physical therapy" as used in this Chapter, and a license issued pursuant to this Chapter does not authorize the diagnosis of disease or treatment without the prescription or referral of a person licensed in this state to practice medicine, surgery, dentistry or podiatry. "Physical therapy," noun or adjective means equally physio-therapy and physical therapy.

(2) "Physical therapist" means equally physio-therapist and physical therapist, that is, a person who practices physical therapy as defined in this Chapter.

(3) "Board" means the Louisiana State Board of Medical Examiners.

(4) Words importing the masculine gender may be applied to females.

§2402. License required

No person shall practice, or in any way hold himself out, or designate himself, as a physical therapist unless duly licensed by the Board in accordance with this Chapter. Upon determination by the board, a person qualified to take the examination for licensure under this Chapter may be issued a temporary license until the next examination meeting of the board.

A person who is employed as a physical therapist by the United States government, or any department, agency, or bureau thereof, shall not be required to obtain a license under the provisions of this Chapter. If such person, while federally employed as a physical therapist, shall engage in the practice of physical therapy outside the course and scope of such federal employment, he shall then be required to obtain a license in accordance with this Chapter.

§2403. Qualifications for license

A. To be qualified for a license as a physical therapist, an applicant must:

(1) Be twenty-one years of age.

(2) Be a citizen of the United States or have filed a declaration of intention to become a citizen of the United States. (Present certificate).

(3) Be of good moral character.

(4) Have paid all fees required by this chapter.

(5) Have graduated from a school of physical therapy which school, at the time of such graduation, was approved by the Louisiana State Board of Medical Examiners.

(6) Pass an examination to the satisfaction of the board as provided for in R.S. 37:2409.

B. A graduate of a school of physical therapy outside of the United States or Canada will be qualified for a license as a physical therapist provided he complies with the provisions of Paragraphs (1), (2), (3) and (4) of Subsection A and in addition complies with the following provisions:

(1) Present in person his original diploma or facsimile (with English translation) from the physical therapy school from which he was graduated, together with a letter of recommendation from the dean or any other senior administrator of the physical therapy school from which applicant was graduated, which letter is to be authenticated by the United States Consul.

(2) Provide indisputable identification.

(3) Demonstrate in a personal interview his ability to read, write, and speak English fluently.

(4) Apply to the Louisiana State Board of Medical Examiners for a temporary permit within thirty days after beginning his supervised clinical experience, as defined below.

(5) Obtain from the Louisiana State Board of Medical Examiners a permit to engage in supervised clinical experience under the direction and supervision of a physical therapist licensed under this chapter. The period of supervised clinical experience shall be for at least twelve months but not more than eighteen months, based on full time employment. The board, in its discretion, may accept part time employment during the periods of time set forth above as complying with the requirements for supervised clinical experience.

(6) Present written evidence satisfactory to the board that he has completed the required period of supervised clinical experience, that he is competent to practice physical therapy, and pass the examination as provided for in R.S. 37:2409.

(7) The board may waive the examination provided for in R.S. 37:2409 in favor of an applicant who presents to the board a license and endorsement from another state if the board finds that said license and endorsement were obtained on the basis of requirements and qualifications equivalent to those of the State of Louisiana.

§2404. Application for license

An applicant for a license as a physical therapist shall file a written application on forms provided by the board together with the license fee required by R.S. 37:2406. The applicant shall present evidence satisfactory to the board of his qualifications as required by R.S. 37:2403.

§2405. Registrants of other states

The board may, in its discretion, license as a physical therapist, without examination, on payment of the prescribed fee, an applicant for licensure who is a physical therapist licensed under the laws of another state, territory, commonwealth or District of Columbia, if the requirements for licensure of physical therapists were at the date of licensure substantially equal to the requirements then in force in this state and if the state, territory, commonwealth, or District of Columbia, from whence the applicant comes, accords similar privilege of licensure without examination to holders of certificates as licensed physical therapists under this Chapter.

§2406. Fees

The board may collect the following fees:

(1) Examination fee	$ 50
(2) Reciprocity fee	$100
(3) Temporary permit fee	$ 10
(4) Certificate fee	$ 5
(5) Renewal of license fee	$ 25
(6) Reinstatement fee	$ 25

The application fee for examination and the temporary fee shall be credited to the applicant when he applies to the board for a permanent license.

The fees provided in this section shall be paid to the secretary-treasurer of the board.

§2407. Renewal of license

Every person licensed under the provisions of this Chapter shall annually renew the license on or before January 1 of each year.

Any license not renewed may be suspended by unanimous vote of the board. The suspension is subject to review by the courts.

§2408. Reinstatement of license not renewed

A licensee who allows his license to lapse by failing to renew the license as provided by R.S. 37:2407 may be reinstated upon satisfactory explanation for the failure to renew and the payment of both the renewal fee for the current year and the reinstatement fee, which fees are provided in R.S. 37:2406.

§2409. Examination

The board shall examine applicants for licensure as physical therapists at such times and places as it may determine. The examination shall test the applicant's knowledge of such subjects as the board may deem useful in determining the

applicant's fitness to practice physical therapy and may include demonstrations and written and oral tests.

When acting as a board of examiners of applicants for licenses to practice physical therapy in the state, the board or the committee therof, shall appoint three or more persons who are licensed to practice physical therapy in accordance with this chapter to assist in the preparation and administration of the examination of applicants under rules and regulations adopted by the board.

§2410. Practice

A. No person licensed under this Chapter shall practice physical therapy or act as a physical therapist, except upon the prescription or referral of a person licensed in this state to practice medicine, surgery, dentistry, or podiatry. Initial nondiagnostic evaluation or consultation of a screening nature in the schools to determine the need of physical therapy may be performed without referral, but implementation of physical therapy treatment to individuals for their specific condition or conditions shall be based on the prescription or referral of a person licensed in this state to practice medicine, surgery, dentistry, or podiatry.

B. A person not licensed as a physical therapist in accordance with this Chapter may be employed in a hospital, institution, clinic, physician's office or athletic training room to administer treatment under the direction and supervision of a licensed physician, provided however, that the treatment administered shall not be identified as physical therapy, and further provided that such persons administering such treatment shall not hold themselves out, not be held by others as physical therapists.

§2411. Issuance of certificate of licensure

If an applicant meets the requirements of this Chapter, the board shall issue the applicant a certificate of licensure to practice physical therapy as defined in this Chapter. The board shall issue a certificate of licensure without examination to an applicant who is a resident of or domiciled in the State of Louisiana on July 27, 1966, who meets the qualifications of R.S. 37:2403, Paragraphs (1) through (5), inclusive, and files his application for licensure within six months from July 27, 1966.

§2412. Recording of certificate of licensure; cancellation

Every person issued a certificate of licensure under this chapter and before he begins practice shall personally have his certificate recorded with the clerk of court in the parishes in which he desires to practice. The clerk of court shall make this recordation in a book to be kept for that purpose only and shall also certify to the recordation by an endorsement of the certificate. Until the recordation is made, the holder of the certificate shall not exercise any of the rights or privileges conferred by it.

Upon nonfication from the secretary-treasurer of the board of the suspension or revocation of a certificate of licensure, the clerk of court where the certificate was recorded shall cancel such recordation.

§2413. Causes for refusal to issue, renew, place on probation, suspend or revoke license

The board may refuse to issue, renew, suspend, place on probation, or institute proceedings in any court of competent jurisdiction to revoke any license issued by the board or applied for under this Chapter upon proof the person:

(1) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice physical therapy; or
(2) Has been convicted of a crime or is guilty of gross immorality; or
(3) Is unfit or incompetent by reason of negligence, habit or other causes; or
(4) Is habitually intemperate or is addicted to the use of habit forming drugs; or
(5) Has been interdicted by due process of law; or
(6) Is guilty of unprofessional conduct; or
(7) Is guilty of attempting to practice or of practicing medicine.

§2414. Violations

No person shall:

(1) Sell or falsely obtain or furnish any physical therapy diploma or license, or aid or abet therein; or
(2) Practice physical therapy without a lawfully issued, current and valid license, except as otherwise provided in this Chapter; or
(3) Use in connection with his name any designation tending to imply that he is a licensed physical therapist unless duly licensed to practice under the provisions of this Chapter; or
(4) Violate any provisions of this Chapter.

§2415. Penalties

Whoever violates any of the provisions of this Chapter shall, for each offense be fined not less than one hundred dollars nor more than five hundred dollars or imprisoned for not less than thirty days nor more than ninety days, or both.

§2416. Injunction; penalty; attorney's fees; costs

The board, through its proper officer, may cause to issue in any competent court a writ of injunction enjoining any person from practicing physical therapy, until such person obtains a license under the provisions of this Chapter. This injunction shall not be subject to being released upon bond.

In the suit for an injunction, the board may demand of the defendant a penalty of not more than one hundred dollars, reasonable attorney's fees and costs of court. This judgment for penalty, attorney's fees and costs may be rendered in the same judgment in which the injunction is made absolute.

The trial of the proceeding by injunction shall be summary and by the judge without a jury.

§2417. Short title

This Chapter may be cited as the "Physical Therapy Practice Act of Louisiana."

§2418. Exemptions

Nothing in this Chapter shall be construed as preventing or restricting the practice or activities of any person licensed in this state by any other law from engaging in the profession or occupation of which he is licensed.

Sec. 2: If any provision or item of this Act or the application thereof is held invalid, such invalidity shall not affect other provisions, items, or applications of this Act which can be given effect without the invalid provisions, items, or applications, and to this end the provisions of this Act are hereby declared severable.

Sec. 3: All laws or parts of laws in conflict herewith are hereby repealed.

Appendix F

MONTHLY THERAPIST TIME

Month _____

Therapist _____

Parish _____

school _____

SERVICE TIME	Week 1	Week 2	Week 3	Week 4	TOTAL
1. Direct Services					
2. Consultant					
3. Reporting Time					
4. Travel Time					
5. Inservice Time					
6. Administrative					
7. Continuing Educ.					
8. Other					

PT/OT INDIVIDUAL STUDENT TREATMENT TIME

THERAPIST _____

Appendix F

Weeks of _____

STUDENT	Mon D	Mon C	Tues D	Tues C	Wed D	Wed C	Thur D	Thur C	Fri D	Fri C	TOTAL	Mon D	Mon C	Tues D	Tues C	Wed D	Wed C	Thurs D	Thurs C	Fri D	Fri C	TOTAL
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
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21.																						
22.																						
23.																						

D = direct services g=group direct i=individual direct

I = indirect services t=teaching c = consultation

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